

County: Sheboygan
 GREENDALE HEALTH/REHAB CENTER

Facility ID: 9370

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3129 MICHIGAN AVENUE
 SHEBOYGAN 53081 Phone: (920) 458-1155
 Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/00): 64
 Total Licensed Bed Capacity (12/31/00): 64
 Number of Residents on 12/31/00: 62

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF?
 Title 18 (Medicare) Certified?
 Average Daily Census:

Corporation
 Skilled
 No
 Yes
 61

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	24.2
Supp. Home Care-Personal Care	No					1 - 4 Years	50.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.2	More Than 4 Years	25.8
Day Services	No	Mental Illness (Org./Psy)	3.2	65 - 74	9.7		
Respite Care	Yes	Mental Illness (Other)	1.6	75 - 84	25.8		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	53.2	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.1	Full-Time Equivalent	
Congregate Meals	No	Cancer	4.8			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	21.0		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	21.0	65 & Over	96.8		
Transportation	No	Cerebrovascular	16.1			RNs	12.7
Referral Service	No	Diabetes	4.8	Sex	%	LPNs	2.7
Other Services	No	Respiratory	1.6			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	25.8	Male	19.4	Aides & Orderlies	
Mentally Ill	No			Female	80.6		36.0
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other			Private Pay			Managed Care			Total	Percent Of All Residents
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate		
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	7	100.0	\$263.74	40	85.1	\$92.90	0	0.0	\$0.00	5	83.3	\$138.56	2	100.0	\$280.00	54	87.1%
Intermediate	---	---	---	7	14.9	\$77.89	0	0.0	\$0.00	1	16.7	\$138.56	0	0.0	\$0.00	8	12.9%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	7	100.0		47	100.0		0	0.0		6	100.0		2	100.0		62	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	3.9	Bathing	17.7	59.7	22.6	62
Private Home/With Home Health	3.9	Dressing	19.4	59.7	21.0	62
Other Nursing Homes	0.0	Transferring	27.4	61.3	11.3	62
Acute Care Hospitals	86.3	Toilet Use	24.2	69.4	6.5	62
Psych. Hosp. -MR/DD Facilities	0.0	Eating	64.5	19.4	16.1	62
Rehabilitation Hospitals	5.9	*****				
Other Locations	0.0	Continence		%	Special Treatments	%
Total Number of Admissions	51	Indwelling Or External Catheter	3.2		Receiving Respiratory Care	3.2
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	53.2		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	12.0	Occ/Freq. Incontinent of Bowel	30.6		Receiving Suctioning	1.6
Private Home/With Home Health	32.0	Mobility			Receiving Ostomy Care	0.0
Other Nursing Homes	6.0	Physically Restrained	3.2		Receiving Tube Feeding	0.0
Acute Care Hospitals	6.0				Receiving Mechanically Altered Diets	19.4
Psych. Hosp. -MR/DD Facilities	0.0	Skin Care			Other Resident Characteristics	
Rehabilitation Hospitals	4.0	With Pressure Sores	1.6		Have Advance Directives	93.5
Other Locations	8.0	With Rashes	0.0		Medications	
Deaths	32.0				Receiving Psychoactive Drugs	11.3
Total Number of Discharges (Including Deaths)	50				*****	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	This Facility	Peer Group	Ratio	50-99	Peer Group	Skilled	Peer Group	Facilities	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.3	82.5	1.16	87.3	1.09	84.1	1.13	84.5	1.13
Current Residents from In-County	98.4	83.3	1.18	80.3	1.22	83.5	1.18	77.5	1.27
Admissions from In-County, Still Residing	29.4	19.9	1.48	21.1	1.39	22.9	1.29	21.5	1.37
Admissions/Average Daily Census	83.6	170.1	0.49	141.8	0.59	134.3	0.62	124.3	0.67
Discharges/Average Daily Census	82.0	170.7	0.48	143.0	0.57	135.6	0.60	126.1	0.65
Discharges To Private Residence/Average Daily Census	36.1	70.8	0.51	59.4	0.61	53.6	0.67	49.9	0.72
Residents Receiving Skilled Care	87.1	91.2	0.96	88.3	0.99	90.1	0.97	83.3	1.05
Residents Aged 65 and Older	96.8	93.7	1.03	95.8	1.01	92.7	1.04	87.7	1.10
Title 19 (Medicaid) Funded Residents	75.8	62.6	1.21	57.8	1.31	63.5	1.19	69.0	1.10
Private Pay Funded Residents	9.7	24.4	0.40	33.2	0.29	27.0	0.36	22.6	0.43
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	1.3	0.00	7.6	0.00
Mentally Ill Residents	4.8	30.6	0.16	32.6	0.15	37.3	0.13	33.3	0.15
General Medical Service Residents	25.8	19.9	1.30	19.2	1.34	19.2	1.34	18.4	1.40
Impaired ADL (Mean)	42.9	48.6	0.88	48.3	0.89	49.7	0.86	49.4	0.87
Psychological Problems	11.3	47.2	0.24	47.4	0.24	50.7	0.22	50.1	0.23
Nursing Care Required (Mean)	3.2	6.2	0.52	6.1	0.53	6.4	0.50	7.2	0.45